

# CLAIM FOR JURY

JD-CL-53 Rev. 6-12  
C.G.S. §§ 52-215, 52-258  
Pr. Bk. §§ 14-4, 14-8, 14-10

## STATE OF CONNECTICUT SUPERIOR COURT *www.jud.ct.gov*

Court Use Only

**CLAIM6**



### Instructions

1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes).
2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.

## To: The Superior Court

Return date

**Oct-23-2018**

Docket number

**FBT-CV-18-6079698-S**

Name of case (Full name of Plaintiff v. Full name of Defendant)

**KLIK, SINEAD Et Al v. FAIRFIELD BOARD OF EDUCATION Et Al**

☒ Judicial District    ☐ Housing Session    ☐ Geographical Area number \_\_\_\_\_

Address of court (Number, street, town and zip code)

**1061 MAIN STREET BRIDGEPORT, CT 06604**

## This case is claimed for the inventory of jury cases.

(A certificate of closed pleadings must be filed before the case named above can be placed on the inventory of jury cases.)

Claim filed by ("X" one)

☒ Plaintiff's Attorney    ☐ Plaintiff    ☐ Defendant's Attorney    ☐ Defendant

Name of Law Firm, Attorney, or Self-Represented Party

**KENNEDY JOHNSON SCHWAB & ROBERGE LLC**

Mailing address (Number, street, town, state and zip code)

**555 LONG WHARF DRIVE 13TH FLOOR NEW HAVEN, CT 06511**

Telephone number

**203-865-8430**

## Certification

I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was mailed or delivered electronically or non-electronically on (date) **Mar-6-2019** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to\*

**LOTTY ROBERT W LAW OFFICE OF - 295 CONGRESS STREET/BRIDGEPORT, CT 06601**

For Court Use Only

Signed (Signature of filer)

**402794**

Print or type name of person signing

**STEPHANIE ZAKAR ROBERGE**

Date signed

**Mar-6-2019**

Mailing address (Number, street, town, state and zip code)

**SCHWAB & ROBERGE, LLC 555 LONG WHARF DRIVE, 13 NEW HAVEN, CT 06511**

Telephone number

**203-865-8430**

\*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.